

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE	
							APPLICANT(S)		
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.
1	/						51		
2		/					52		
3		/					53		
4		/					54		
5							55		
6							56		
7		/					57		
8			/				58		
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43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.		2					TOTAL IND.		
TOTAL DEP.		9					TOTAL DEP.		
TOTAL CLAIMS							TOTAL CLAIMS		